

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000165126

**Entity Name:** CLINICAL CAPITAL SOLUTIONS, LLC

**Current Principal Place of Business:**

2102 WEST CASS STREET  
STE 200  
TAMPA, FL 33606

**Current Mailing Address:**

ONE TAMPA CITY CENTER  
STE 2880  
TAMPA, FL 33602 US

**FEI Number:** 86-1459973

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CUSACK, JAMES ESQ.  
2102 WEST CASS STREET  
STE 200  
TAMPA, FL 33606 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            CEO  
Name            YESSIN, BRENT W ESQ.  
Address        ONE TAMPA CITY CENTER  
                  STE 2880  
City-State-Zip: TAMPA FL 33602

Title            GC  
Name            CUSACK, JAMES ESQ.  
Address        ONE TAMPA CITY CENTER  
                  STE 2880  
City-State-Zip: TAMPA FL 33602

Title            VP  
Name            GENTRY, BETSY  
Address        2102 WEST CASS STREET  
                  STE 200  
City-State-Zip: TAMPA FL 33606

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRENT W YESSIN

CEO

04/30/2022

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date